



WARRANTY CLAIM FORM

†-=#0 9 -Vu@#° u@V:	k-h° @ † \kM=\h9-Vu@#° u@V:
CHASSIS SERIAL NUMBER: WARRANTY START DAY: O.P.:	WORKSHOP: ADDRESS: PHONE NUMBER: E-MAIL:
†-=#0 \ † V-k:	
NAME: ADDRESS: PHONE NUMBER:	
E-MAIL:	
"k- ° M \ † V au° u-U -Vu:	
BREAKDOWN DATE: DESCRIPTION:	
REPAIR GRADE: <input type="checkbox"/> mild <input type="checkbox"/> serious <input type="checkbox"/> severe TECHNICAL RESPONSIBLE OF REPARATION:	
ESTIMATED AMOUNT ON PARTS:	
ESTIMATED AMOUNT ON WORKMANSHIP::	
(Signature)	
..... k- ° k-o-k†-) ^k ROJO TRAILER, S.L.:	
□#0 @ ° hhk \ †-) □#0 @) -#0@-	
DATE:	NOTES:
PARTS REPLACEMENT TO WORKSHOP PAYMENT OF PARTS TO WORKSHOP WORKMANSHIP AT ROJO TRAILER'S EXPENSES WORKMANSHIP AT THE OWNER,S EXPENSES BY ROJO TRAILER: (Signature)	
IMPORTANT: Before completing this document, read carefully the Warranty Claim Instructions. This claim is not considered agreed until Rojo Trailer will accept and confirm the faulty parts. To execute this warranty claim, it must be duly completed. Please, enclose this document, approved and signed by Rojo Trailer post-sales service with the invoice, Otherwise, it will be refused and sent back	